NOTICE OF CONTROVERSY

1. WCB FILE # (if known):

THIS IS A DENIAL OF YOUR BENEFITS

I III I	S A DENIAL OF TO								
		EMPLO'	YEE						
2. EMPLOYEE LAST NAME:	3. FIRST NAME:		4. MI:	5. EMPLOYEE ID:					
				TYPE		#:			
6. STREET/P.O. BOX MAILING ADDRESS:	7. CITY:		8. STATE:	9. ZII			ME PHONE #:		
o. STREET/I .O. BOX WAILING ADDRESS.	7.0111.		O. STATE.	J. ZII	•)		
							,		
AA DATE OF IN HIDV	12. SPECIFIC INJURY OR			40. 5	001/040	T(0) A FEF 0 TE	D		
11. DATE OF INJURY:	(ILLNESS:		13. BODY PART(S) AFFECTED:						
/									
		EMPLO'	YER						
14. INSURER/CLAIM ADMIN FILE #: 15. EI	MPLOYER NAME:		16. EMPLOYE	R MAILIN	G ADDRE	ESS AND PHON	IE #:		
17. INSURER/CLAIM ADMIN NAME AND ADDRES			18. INSURER/CLAIM ADMIN FEIN:						
40	NOTIC	CE TO EMI	DIOVEE		-				
 YOUR EMPLOYER/INSURER IS DENYIN 				OF IT TU		N COD THE DE	NIAL IS CUECK	CD DELOW	
IF YOU DISAGREE WITH THIS DE									
19a.	.THITLE, OCIVITACT AT OLIVINO	3 REGOLOTIOI	TOI LOI/ILIOT /	19b.	-/1112011	KEOIOII/KE OI I	TOL LIGITED DE	LOVV.	
	ENIAL REASON			PARTIAL DENIAL REASON					
FOLL DENIAL REAGON					TAINTIAL DENTAL REAGON				
				20a.					
				DATE OF INITIAL INCAPACITY/					
				CURRENT DTE OF INCAPACITY/					
				20b.	VI DIL O	7 1140/11 /1011 1			
FULL DENIAL EFFECTIVE DATE/					DATE EMPLOYER NOTIFIED/				
*NOTE: December identified in house 40s and 40b will			4 - 1-4						
*NOTE: Reasons identified in boxes 19a or 19b will date.	not preclude a party from rai	sing additional i	ssues at a later						
21. COMMENTS:				<u> </u>					
- · · · · · · · · · · · · · · · · · · ·									
22. If the employer fails to comply with the pr	ovisions of Rule 1.1 the	employee mi	ust he naid tot:	al henefi	ts with c	redit for earni	ngs and other	statutory offsets	
from the date the claim is made in accordance									
under this subsection when both of the follow									
the date the claim is made. Payment under						,,		.,	
	3.								
ASSISTANCE IS AV	AILABLE AT THE MAIN	E WORKERS	S' COMPENS	ATION B	OARD'S	REGIONAL	OFFICES		
AUGUSTA	BANGOR	CA	RIBOU		LEW	ISTON	P	ORTLAND	
24 STONE ST, STE 102	106 HOGAN RD		AUGHN PL			ISON WAY		2 ELM ST	
AUGUSTA, ME	BANGOR, ME		I DR, STE 110			TON, ME		RTLAND, ME	
04330-5220 (207) 287-2308	04401-5638 (207) 941-4550		U, ME 04736 498-6428			0-7777 753-7700		4101-3061 7) 822-0840	
1-800-400-6854	1-800-400-6856		-400-6855			400-6857		00-400-6858	
23. NAME (TYPE OR PRINT):		24. TELEPHO				25. DATE SEN			
							//_		
F MAIL ADDDECC.		()			-				
E-MAIL ADDRESS:						26. DATE RCVE	AT THE WCB	(WCB use only):	
	!	İ					1 1		

The State of Maine provides equal opportunity in employment and programs. Auxiliary aids and services are available to individuals with disabilities upon request. For assistance with this form, contact the ADA Coordinator at the Maine Workers' Compensation Board. Telephone: 1-888-801-9087 or TTY Maine Relay 711.